

Fill in this information to identify the case:

Debtor Prison Planet TV, LLC
United States Bankruptcy Court for the: Southern District of Texas
(State)
Case number 22-60022
(If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

- No. Go to Part 2.
- Yes. Go to line 2

- 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address Carlee Soto-Parisi c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Litigation Claim Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.2 Nonpriority creditor's name and mailing address Carlos Soto c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Litigation Claim Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.3 Nonpriority creditor's name and mailing address Dona Soto c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Litigation Claim Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.4 Nonpriority creditor's name and mailing address Erica Lafferty c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Litigation Claim Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.5 Nonpriority creditor's name and mailing address Francine Wheeler c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Litigation Claim Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3.6 Nonpriority creditor's name and mailing address Ian Hockley c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Litigation Claim Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Jacqueline Barden c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 0.00
		Basis for the claim: Litigation Claim	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Jennifer Hensel c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Litigation Claim	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Jeremy Richman c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Litigation Claim	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Jillian Soto c/o Koskoff Koskoff & Bieder 350 Fairfield Ave Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Litigation Claim	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Mark Barden c/o Koskoff Koskoff & Bieder Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Litigation Claim	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address Nicole Hockley c/o Koskoff Koskoff & Bieder Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>0.00</u>
		Basis for the claim: <u>Litigation Claim</u>	
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address Robert Parker c/o Koskoff Koskoff & Bieder Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0.00</u>
		Basis for the claim: <u>Litigation Claim</u>	
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address William Aldenberg c/o Koskoff Koskoff & Bieder Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0.00</u>
		Basis for the claim: <u>Litigation Claim</u>	
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address William Sherlach c/o Koskoff Koskoff & Bieder Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0.00</u>
		Basis for the claim: <u>Litigation Claim</u>	
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address c/o Koskoff Koskoff & Bieder Bridgeport, CT 06604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset?	
Last 4 digits of account number _____		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.2.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.3.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.4.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.5.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.6.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.7.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.8.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.9.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.10.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.11.	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a.

Total of claim amounts

\$ 0.00

5b. Total claims from Part 2

5b.

+ \$ 0.00

5c. Total of Parts 1 and 2

5c.

\$ 0.00

Lines 5a + 5b = 5c.